

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

MEDICAL EVALUATION FOR DEPLOYMENT CHECKLIST

OTSG APPROVED (Date)

17 January 1995

TRAVEL:

Destination(s): _____

Departure Date: _____ Return Date: _____ Job Description/MOS: _____

ALLERGIES: ☐ NKDA - if Yes: _____ ☐ Has 2 tags, if required.

MEDS: ☐ No ☐ Yes: If so, does the soldier have enough medication for 90 days? ☐ Yes ☐ No

Visual Acuity: L: ____/____ ☐ Corrected ☐ Has 2 pair of glasses ☐ Ordered ☐ Needs eye exam
R: ____/____ ☐ Uncorrected ☐ Has insert for M40 Mask ☐ Ordered

Hearing: ☐ No Hx of hearing deficit and up-to-date hearing test ☐ Needs hearing test ☐ Hearing problem: _____

Labs: ☐ WNL/completed (DNA, HIV, HcG for females) ☐ Abnl labs: _____ ☐ Pending: _____

☐ G-6-PD not required ☐ G-6-PD result: _____

Immunizations: ☐ Up-to-date ☐ Deficient in: _____

Chemoprophylaxis: ☐ No ☐ Yes: _____

Forms Completed and Reviewed: ☐ SF 93 ☐ DA Form 4036-R ☐ DA Form 8007

Preventive Medicine Briefing Received: ☐ Yes ☐ No

MEDICAL PROBLEMS: (Numbered) If none, write "NONE."

Specialty Service

Date Completed

CONSULTS: ☐ No consults required ☐ Consults pending: _____

DISPOSITION: Medically deployable - ☐ Yes ☐ No ☐ Pending*

***PENDING:** ☐ Physical ☐ Eye exam ☐ Hearing test ☐ PPD ☐ HIV ☐ Pregnancy test ☐ DNA ☐ Glasses ☐ Inserts ☐ Consults
☐ Warning tags ☐ Need Rx ☐ Need DA Form 4036-R ☐ Other: _____

RECOMMENDATION: ☐ Soldier MUST follow-up with a physician 2 weeks after return from overseas.

☐ Other: _____

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- | | |
|--|--|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |